

Massachusetts Department of Public Health

Drug Analysis Laboratory

Boston, MA.

MS Tracking Sheet

Analyst:

Date/s Analyzed:

Sequence File Name/s: _____

Massachusetts Department of Public Health
Drug Analysis Laboratory
Boston, MA.
MS Sequence Sheet

Analysis Date: _____ System #: _____ Method/s Used: _____

Setup Date: _____ Column: _____

Analyst: _____ Sequence File Name: _____

Blank (Solvent): _____ Data File Name/s: _____

1		26		51		76	
2		27		52		77	
3		28		53		78	
4		29		54		79	
5		30		55		80	
6		31		56		81	
7		32		57		82	
8		33		58		83	
9		34		59		84	
10		35		60		85	
11		36		61		86	
12		37		62		87	
13		38		63		88	
14		39		64		89	
15		40		65		90	
16		41		66		91	
17		42		67		92	
18		43		68		93	
19		44		69		94	
20		45		70		95	
21		46		71		96	
22		47		72		97	
23		48		73		98	
24		49		74		99	
25		50		75		100	

Massachusetts Department of Public Health

Page: ____ of ____

Drug Analysis Laboratory

Boston, MA.

Drug Analysis Form

LAB #: _____ AGENCY: _____ ANALYST: _____

No. of samples tested: _____ Evidence Gross Wt.: _____

PHYSICAL DESCRIPTION: _____ Gross Wt (): _____

Gross Wt (): _____

Pkg. Wt: _____

Net Wt: _____

PRELIMINARY TESTSColor TestsCobalt
Thiocyanate: _____ Acid: _____

Marquis: _____

Froehde's: _____

Mecke's: _____

Microcrystalline TestsGold
Chloride: _____

TLTA: _____ Acid: _____

OTHER TESTS

TEST RESULTS

RESULTS: _____

DATE: _____

CONFIRMATORY TEST RESULTS

(if applicable)

RESULTS: _____

DATE: _____